

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040932
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3104

FILED NOV 6 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Moline

Length of stay in 1b
2. Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Hallsferry Memorial Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Florissant, Mo.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
12750 Hallsferry Rd.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
Mary Louise Arms

4. DATE OF DEATH Month Day Year
Oct. 25, 1962.

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
10-29-71

9. AGE (last birthday)
90

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
Black Jack, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S.

13a. FATHER'S NAME
Fred Gerling

13b. MOTHER'S MAIDEN NAME
Louise Rosenkoetter

14. NAME OF HUSBAND OR WIFE
James W. Arms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT Address
Mrs. E. W. Rosenkoetter, Florissant, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Phlebotrombosis left leg

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Cardiovascular

DUE TO (c)

Disease

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cirrhosis liver

Pulmonary emphysema

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7:20, 1962 to 10:25, 1962 and last saw her alive on 10/24/62
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Lewis L. Mullen MD

22b. ADDRESS
8231 Clayton Rd (17)

22c. DATE SIGNED
10/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
10-27-62

23c. NAME OF CEMETERY OR CREMATORY
Balem Ev. Lutheran Cem.

23d. LOCATION (City, town, or county) (State)
Black Jack, Mo.

24. FUNERAL DIRECTOR ADDRESS
White-Mullen Mortuary, Ferguson, Mo.

25. DATE RECD. BY LOCAL REG.
10-26-62

26. REGISTRAR'S SIGNATURE
J. M. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold & Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.